

# Chabad Hebrew School Application

## Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Does your child have any previous Jewish Education?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

What school does your child attend? \_\_\_\_\_ Grade: \_\_\_\_\_

Is the natural father of the child Jewish?  Yes  No

Is the natural mother of the child Jewish?  Yes  No

Were there any conversions or adoptions in your family?  Yes  No

If yes, please describe: \_\_\_\_\_

Any considerations, such as learning disorder or difficulty, the school should be aware of? (Confidential):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Parents Information

Father's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State / Province: \_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

## Emergency Contact Information

Emergency Contact 1: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Child's physician or medical facility: \_\_\_\_\_ Physician's phone: \_\_\_\_\_

Physician's address: \_\_\_\_\_

CONFIDENTIAL: Does your child have any allergies or other medical condition we should be aware of? If yes, please describe them and indicate special precautions or care needed. \_\_\_\_\_

As the parent(s) or legal guardian of \_\_\_\_\_, I/we authorize any adult acting on behalf of Chabad Hebrew School to hospitalize or secure treatment for my child, I further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, Chabad Hebrew School personnel will try, but are not required, to communicate with me prior to such treatment.

I hereby give permission for my child to participate in all school activities, join in class and school trip on and beyond school properties and allow my child to be photographed while participating in Chabad Hebrew School activities.

\_\_\_\_\_  
Signature of Parent or legal guardian

\_\_\_\_\_  
Date

## Chabad Hebrew School Tuition Agreement

The following is a tuition agreement for the Chabad Hebrew School. The agreement explains the tuition fees, payments plans and refund policies. Please read it through carefully. If paying by check or cash, full payment must be submitted to the school office before any child will be permitted to attend classes.

The tuition for the Chabad Hebrew School is \$500.00 per Year per child (this includes a registration & book fee). Membership Not Required

**Discounts:** There is a 10% discount off of the regular tuition for each additional child of the same family. There is a 10% additional discount off your total tuition for each child of another family you successfully introduce to the Chabad Hebrew School.

### You may choose from the following payment methods:

PLAN A: You may pay the entire amount in full with a check, cash or credit card.

PLAN B: You may pay the annual tuition on a monthly basis by submitting 5 checks of \$100.00 each, dated September through Jan. All checks must be submitted before the first day of Hebrew School.

PLAN C: You may use your credit card to pay the tuition on a monthly basis. Your credit card will be billed \$100.00 monthly September - Jan. To do so please include your credit card number and expiration date on the next page.

*Please return application to:*

*Chabad Hebrew School 790 Solana Dr Lafayette CA 94549*